

保單號碼 Policy No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

第二部份 - 索償人資料 (由索償人填寫。如超過一位索償人，每位索償人必須各自填寫一份申請書及簽署。)

Part II - INFORMATION OF THE CLAIMANT (to be completed by the Claimant. If there is more than one claimant, EACH of the claimant must complete a separate claim form with signature.)

<p>19. 稱謂 (先生/太太/女士/小姐) Title (Mr/ Mrs/ Ms/ Miss)</p>	<p>20. 中文姓名 Name in Chinese</p>	<p>27.</p> <p><input type="checkbox"/> 香港永久居民身份證/香港身份證 HK Permanent ID Card/HKID Card</p> <p>號碼No. _____</p>
<p>21. 英文姓名 Name in English</p> <p>姓氏 Last Name _____</p> <p>名字 First Name _____</p>	<p>22. 性別 Gender</p>	<p><input type="checkbox"/> 非香港永久居民身份證：身份證/護照 Non-HKID Card: ID Card / Passport</p> <p>號碼No. _____</p>
<p>23. 出生日期 Date of Birth</p> <p>____/____/____</p> <p>日/DD 月/MM 年/YYYY</p>	<p>24. 出生國家 Country of Birth</p>	<p><input type="checkbox"/> 商業組織註冊編號 Business association Registration No.</p> <p>號碼No. _____</p>
<p>25. 國籍 / 地區 Nationality / Region</p> <p><input type="checkbox"/> 中國 Chinese</p> <p><input type="checkbox"/> 美國 U.S.</p> <p><input type="checkbox"/> 其他 Others _____</p> <p>(請註明 please specify)</p>	<p>26. 與受保人關係 Relationship to the insured</p>	<p>簽發國家 Issue Country _____</p>
<p>28. 目前居住地址(個人) / 目前營業地址(商業組織)* Current Residential Address(Individual) / Current Business Address(Business association)*</p> <p>_____ 城市 City _____ 國家 Country</p> <p>目前永久地址(個人) / 於成立地方之註冊辦事處地址(商業組織)* (如與目前居住地址(個人)/目前營業地址(商業組織)不同) Current Permanent Address (Individual)/Registered Office Address in the Place of Incorporation (Business association)* (if different from Current Residential Address (Individual)/Current Business Address (Business association))</p> <p>_____ 城市 City _____ 國家 Country</p> <p>* 請提供地址證明及必須為遞交申請表當天之前3個月內 * Please provide proof of address within 3 months of application submission date</p>		
<p>29. 電話號碼 Telephone No.</p> <p>國家號 _____ - 電話號碼 _____ Country Code Telephone No.</p>	<p>30. 手電號碼 Mobile No.</p> <p>國家號 _____ - 電話號碼 _____ Country Code Telephone No.</p>	<p>31. 電郵地址 Email Address</p>
<p>32. 閣下是否有委任合法之代表或律師? Have you appointed a legal representative/solicitor?</p> <p><input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes</p> <p>如有，請註明代表人之姓名地址及電話。 If so, please provide the full name, address and contact no of the representative.</p>		
<p>33. 閣下以何名義索償? In what capacity or title are you claiming this insurance?</p> <p><input type="checkbox"/> 指定受益人 Designated Beneficiary <input type="checkbox"/> 受托人 Trustee <input type="checkbox"/> 遺產承辦人 Estate Administrator <input type="checkbox"/> 受讓人 / Assignee</p>		
<p>34. 閣下是否美國公民或美國稅務居民(見備註)? Are you a U.S. Citizen or a U.S. tax resident (See Note)?</p> <p><input type="checkbox"/> 是YES TIN No. _____ <input type="checkbox"/> 否NO</p>		

保單號碼 Policy No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

六) 索償所需文件 F) CLAIM DOCUMENT CHECKLIST

請✓ 閣下所提交的文件 (Please ✓ against the documents you have submitted.)
請提交核實副本 (Please submit certified true copy.)

基本文件 Basic Documents :

<input type="checkbox"/>	保單正本 Original Policy
<input type="checkbox"/>	保單遺失聲明書 (如未能提供保單正本) Indemnity of Loss of Policy (if unable to provide original policy)
<input type="checkbox"/>	死亡證明書 Death Certificate
<input type="checkbox"/>	受保人之身份證明文件 ID of Insured
<input type="checkbox"/>	受益人之身份證明文件 ID of Beneficiary
<input type="checkbox"/>	受益人之住址證明 Address Proof of Beneficiary
<input type="checkbox"/>	受保人與受益人之關係證明 Relationship Proof between the Insured and Beneficiary
<input type="checkbox"/>	共同申報準則之自我證明表格 Self Certification Form for Common Reporting Standard (CRS)
適用於中國內地出險個案 For event occurred in Mainland	
<input type="checkbox"/>	死亡公證書 Notarial Certificate of Death
<input type="checkbox"/>	戶籍註銷證明 Household Certificate Cancelled
<input type="checkbox"/>	死亡醫學證明書 Medical Certificate for Cause of Death
<input type="checkbox"/>	喪葬證明 Funeral and Cremation Proof
意外身故適用 For accidental death	
<input type="checkbox"/>	意外事故/警察調查報告 Accident / Police Investigation Report

附加文件 (如有) Additional Documents (If any) :

<input type="checkbox"/>	信托文件 (如監護人紙) Trustee Documents (e.g. certificate of guardianship)
<input type="checkbox"/>	遺產繼承文件 Letter of Administration / Grand of Probate
<input type="checkbox"/>	驗屍/解剖報告 Autopsy Report
<input type="checkbox"/>	門診及住院病史 Clinical or Hospital Records
<input type="checkbox"/>	公安報告 Police Report

--	--	--	--	--	--	--	--	--	--

客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

閣下認知本公司須遵從，遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和／或其他監管機構等協定的要求，包括但不限於美國國稅局（以下簡稱「監管機構」）在不同的司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動，包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that the Company shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the U.S. Internal Revenue Service (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

客戶同意向第三方披露資料

Customer consent to disclose information to third parties

閣下同意本公司可能將根據適用規定的要求，向任何監管機構披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險（集團）公司或中國人壽保險（集團）公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間（由提出申請或知會變更資料的90日期天）內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Life Insurance (Group) Company or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時（30日期天之內）向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人（擁有或控制10%或以上股份或所有權或管理權的人士），稅務狀況，稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及／或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新，準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control 10% or more of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

保單號碼 Policy No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

備註：如上述第二部份資料顯示受益人可能是美國公民或美國稅務居民¹及/或可能與美國有關聯²，受益人需填妥將由本公司發出的確認書，連同所需的美國稅務自我聲明書（如：W-9、W-8BEN或同等文件）及相關證明文件（如適用）一併呈交予本公司。如受益人為組織機構，除前述文件之外，受益人另需填妥並遞交「補充陳述書 - 適用於要保人/保單持有人/受抵人為組織機構」及「補充陳述書 - 適用於個人股東」（如適用）。

- 1 美國稅務居民指的是美國綠卡持有人（即美國合法永久居民）或滿足實質居住測試（即他/她於本納稅年內已在美國逗留至少 31 天和三年內在美國逗留至少 183 天在(含本納稅年度及過往兩年)）。
 - 三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數
- 2 與美國有關聯的資料包括但不限於：出生國家為美國³、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。
- 3 若受益人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除 W-8BEN 之外，受益人需提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身份的任何身份證明文件的副本，及喪失/放棄美國籍之證明文件副本。

Notes: If the information provided in Part II indicates that the Beneficiary may have become a U.S. Citizen or a U.S. tax resident¹ and/or the Beneficiary may have links to the U.S.², the Beneficiary is required to complete and return a confirmation letter which shall be posted by the Company, along with a U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) to the Company. If the Beneficiary is an Entity, the Beneficiary is required to complete and submit the "Supplementary Information Form – Applicable to Entity Applicant/Policyholder/Assignee" and "Supplementary Information Form – Applicable to Individual Shareholder" (if applicable) in addition to the aforementioned documents.

- 1 U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or individual who meets the substantial presence test (i.e. he/she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)).
 - Equivalent day = Actual days in the U.S. in the current year + 1/3 of his days in the U.S. in the immediately preceding year + 1/6 of his days in the U.S. in the second preceding year.
- 2 Information that has a U.S. link, included but not limited to: a U.S. place of birth³, a U.S. telephone number, a U.S. correspondence or permanent address, a U.S. P.O. box address, a U.S. "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a U.S. address, standing instructions to make payments to accounts maintained in the U.S., any U.S. related information, etc.
- 3 If the Beneficiary's place of birth is U.S., but declared that he/she is not a U.S. Citizen or a U.S. tax resident, apart from filing in W-8BEN, the Beneficiary is required to provide a copy of non-U.S. passport or government issued identification document evidencing non-U.S. citizenship or Tax resident, AND a Certificate of Loss of Nationality of U.S.

為遵循 FATCA及相關的本地法規，本人/我們同意貴公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構，以確保貴公司遵行FATCA或適用規定。亦明白本人/我們需回答本申請表的所有問題及於**90日期天內**將所需的稅務自我聲明書及相關證明文件（如適用）一併交予貴公司，否則貴公司須按規定將本人/我們列為不合規帳戶，並可能向美國國稅局彙報。

Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws and understand that I/we need to answer all questions in this form and return the required tax self-certification form and relevant supporting documents (if applicable) to the Company **within 90 calendar days**. Otherwise, the Company may report my/our account to the IRS as a Non-Consenting U.S. Account in compliance with the FATCA regulations.

索償人/受益人簽署 Signature of Claimant/ Beneficiary

簽署日期 (日/月/年) Date (DD/MM/YY)

保單號碼 Policy No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

授權及聲明 Authorization and Declaration

授權

本人 _____ (身份證號碼 _____) 現聲明本人有權申請成為死者 _____ (身份證號碼 _____) 的遺產代理人及可作為代表所有有權申請承辦死者遺產的人士。本人謹此同意及授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、組織或人士，凡知道或持有任何有關死者醫療或其他資料之記錄者，均可將該等資料提供予中國人壽保險（海外）股份（以下簡稱「貴公司」）有限公司或其代表人士。本授權的影印本與正本均有同等效力。

Authorization

I _____ (I.D No. _____) am entitled to be the personal representative of _____ (I.D No. _____) "the Deceased" or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate. I hereby authorize any employer, physician, hospital, clinic, insurance company, bank, government authorities or organization or person that has any records or knowledge of the Deceased to disclose to China Life Insurance (Overseas) Company Limited (hereinafter called "the Company") or its representatives any and all information with respect to the Deceased's health, medical history, hospitalization, advice, treatment, disease, investigation result, employment record, accident report or statement. A photocopy of this authorization shall be valid as the original.

聲明

本人謹此聲明就本人所知所信，以上每一項答案完全和正確。本人明白提交此索賠申請書並不表示貴公司已接納此項索賠申請或同意接納任何違反保險合約內條款或規定的情況。本人明白倘若本人未能提供本申請書所需的資料，貴公司將可能無法處理其有關申請。

Declaration

I declare that the answers stated above are all true and complete. I understand that by completing this form, the Company shall not be held to admit validity of any claim or waive the breach of any conditions of the Policy. I understand that the Company may be unable to process this application if I fail to provide any information requested in this application.

索償人/受益人簽署 Signature of Claimant/ Beneficiary

簽署日期 (日/月/年) Date (DD/MM/YY)

個人資料收集聲明 Personal Information Collection Statement

本人/我們確認本人/我們已閱讀並明白收集個人資料聲明（「本聲明」）。本人/我們特此確認並同意貴公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人/我們的個人資料。本人/我們已取得在此申請提供第三方資料（如有）所需的同意。本人/我們確認並同意為本聲明中所述之目的將本人/我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/we have obtained the consent to provide the third party information (if any) in this application. I/we acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

重要提示：請於下文空白處簽名，以示閣下同意，若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在下文空格處劃上「✓」號。

Important: Please indicate your agreement by signing on the space provided below, if you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use of data in direct marketing", please tick the box below.

本人不同意根據以上**收集個人資料聲明**（參閱「為直接促銷目的而使用個人資料」部份）為直接促銷之目的而使用和提供本人的個人資料，亦不希望接收任何推廣及直接促銷材料。
I do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

受益人簽署 Signature of Beneficiary	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
見證人簽署 Signature of Witness	見證人姓名及身份證明文件號碼 Name and Identity Document No. of Witness
日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY	

英文本如有歧異，概以中文本為準。

In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.

收集個人資料聲明 中國人壽保險（海外）股份有限公司

中國人壽保險(海外)股份有限公司(於中華人民共和國註冊成立之股份有限公司)(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

- (1) 向閣下推介、提供和營銷本公司、中國人壽保險（海外）集團的其他公司（“本公司關聯方”）或本公司聯合品牌合作夥伴的產品／服務（參閱下文“為直接促銷目的而使用個人資料”部份），以及提供、維持、管理和操作該等產品／服務；
- (2) 處理和評估閣下就本公司及本公司關聯方的產品／服務提出的任何申請或要求；
- (3) 向閣下提供後續服務(包括但不限於健康檢測和／或健康管理服務)及執行管理已發出的保單，例如增加、更改、變更、撤銷、續期或恢復；
- (4) 就本公司和／或本公司關聯方提供的任何產品／服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；
- (5) 評估閣下的財務需求；
- (6) 為本公司和本公司關聯方設計新的產品／服務或改進現有的產品／服務；
- (7) 為本公司和／或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；
- (8) 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關係的任何資料進行調查；
- (9) 滿足任何適用法律、規則、規例、實務守則或指引規定的要求，或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
- (10) 進行身份和／或信用核查和／或債務追收；
- (11) 開展與本公司業務經營有關的其他服務；
- (12) 就閣下在本公司持有的任何帳戶或本收集個人資料聲明（“本聲明”）未來的變更發出行政性通訊；
- (13) 根據第 112 章《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程序；及
- (14) 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的的前提下，可移轉予：

- (1) 任何本公司關聯方；
- (2) 就本公司和／或本公司關聯方提供的任何產品／服務而由閣下或針對閣下提出的、或者其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；
- (3) 就本公司和／或本公司關聯方所提供產品／服務提供服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健康管理機構或金融機構；
- (4) 就業務經營關係向本公司和／或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
- (5) 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
- (6) 本公司權利或業務的任何實際或建議的承讓入、受讓方、參與者或次參與者；
- (7) 任何適用法律、規定、法規、實務守則或指引要求或規定本公司和／或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關(被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關)；及
- (8) 任何金融服務供應商的行業協會或聯會。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文“為直接促銷目的而使用個人資料”部份。

為直接促銷目的而使用個人資料：本公司打算：

- (1) 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
- (2) 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員或優惠計劃）：
 - (a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
 - (b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；
- (3) 上述產品和服務將可能由本公司和/或下列機構提供：
 - (a) 任何本公司關聯方；
 - (b) 第三方金融機構；
 - (c) 提供本部份第 2 段所列的產品及服務的本公司和/或關聯方之聯合品牌合作夥伴；
 - (d) 第三方獎賞、客戶或會員或優惠計劃的提供者；及
 - (e) 支援本公司或任何以上所列機構提供本部份第 2 段所列的產品及服務的外部服務提供者。
- (4) 除由本公司促銷上述產品和服務外，本公司亦有意將本部份第 1 段所述的資料提供予本部份第 3 段所述的全部或任何人士，以供該等人士作促銷該等產品及服務之用。
- (5) 本公司需取得閣下的書面同意（包括表示不反對）方可為任何推廣或促銷目的而使用並向上文所述的第三方提供資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

個人資料的查閱和更正：根據《個人資料(私隱)條例》，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
中國人壽保險（海外）股份有限公司
香港灣仔軒尼詩道313號中國人壽大廈22樓
電話：(+852) 3999 5519
傳真：(+852) 2892 0520

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

在本聲明中，下列詞語將具有以下含義：

“中國人壽保險（海外）集團”指本公司、本公司任何附屬公司、本公司任何關聯公司、本公司任何相聯公司、以及本公司的直接和/或間接母公司、任何該等母公司的任何附屬公司、它們的任何關聯公司、它們的任何相聯公司，包括，為避免疑義，中國人壽保險（集團）公司集團內之公司（“集團成員”應作相應解釋）；和

“附屬公司”、“母公司”和“公司”均具有《公司條例》（第622章）項下之含義。

PERSONAL INFORMATION COLLECTION STATEMENT

China Life Insurance (Overseas) Company Limited

China Life Insurance (Overseas) Company Limited (the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

- (1) offering, providing and marketing to you the products/services of the Company, other companies of the China Life Insurance (Overseas) Group ("our affiliates") or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
- (2) processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- (3) providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued e.g. additions, alterations, variations, cancellation, renewal or reinstatement;
- (4) any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
- (5) evaluating your financial needs;
- (6) designing new or enhancing existing products/services of the Company and our affiliates;
- (7) conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
- (8) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (9) meeting requirements imposed by any applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- (10) conducting identity and/or credit checks and/or debt collection;
- (11) carrying out other services in connection with the operation of the Company's business;
- (12) sending out administrative communications about any account you may have with the Company or about future changes to this Personal Information Collection Statement ("PICS");
- (13) performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
- (14) other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

- (1) any of our affiliates;
- (2) any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- (3) any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
- (4) any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
- (5) other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
- (6) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- (7) any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable law, rules, regulations, codes of practice or guidelines to make disclosures; and
- (8) any financial services provider industry association or federation.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

- (1) Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- (2) Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
 - (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
 - (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
- (3) The above products and services may be provided by the Company and/or:
 - (a) any of our affiliates;
 - (b) third party financial institutions;
 - (c) the co-branding partners of the Company and/or affiliates providing the products and services set out in 2;
 - (d) third party reward, loyalty or privileges programme providers; and
 - (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
- (4) In addition to marketing the above products and services, the Company also intends to transfer provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services.
- (5) The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact our Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
22/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: (+852) 3999 5519
Fax: (+852) 2892 0520

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your access requests.

In this statement, the following terms shall have these following meanings:-

"The China Life Insurance (Overseas) Group" means the Company, any subsidiary undertaking of the Company, any related company of the Company, any associated company of the Company, and direct and/or indirect parent undertaking of the Company, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company (and "Group member" shall be construed accordingly); and

The expressions "subsidiary undertaking", "parent undertaking" and "undertaking" bear the meanings under the Companies Ordinance (Cap.622)